Smoke-Free Workplace

GTE

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GTE

INTRACOMPANY CORRESPONDENCE

GTE Telephone Operations

July 1991

Reply To
MC 67 - Tampa, FL

To: South Area Telephone Operations Employees

Subject: SMOKE-FREE WORKPLACE INFORMATION PACKET

GTE South Area is standing firmly behind the new Smoke-Free Workplace Policy to make our work locations as safe and healthy as possible for our employees. As we prepare to move toward a smoke-free workplace, this packet will provide practical information to achieve a smooth transition to the new policy. Enclosed you will find:

* the written policy
* questions and answers
* facility changes
* smoking cessation support and information
* enforcement of the policy

Health Program Development will provide assistance in answering questions about the policy. Smoking cessation programs and self-help materials will be made available on a voluntary basis to those employees who are interested.

I hope you find this information packet useful.

Cindy A. Cline
Area Manager-Health Program Development

Attachments

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INTRACOMPANY CORRESPONDENCE

GTE Telephone Operations

June 6, 1991

Reply To
MC 100 - Tampa, FL

To: GTE Telephone Operations-South Area Employees

Subject: SMOKE-FREE WORKPLACE

The U.S. Surgeon General has named smoking "Public Health Enemy No. 1" in light of its role as the leading cause of premature death and disability in our country. Smoking has serious medical consequences and can create a health hazard for others in the vicinity of the smoke. It directly affects relationships between employees and is a major health and safety issue in the workplace today.

GTE South Area is dedicated to providing a healthy, comfortable, and productive work environment for our employees. This goal can be achieved only through ongoing efforts to protect our employees and to help them adjust to a smoke-free workplace.

As of January 1, 1992, GTE South Area will be a smoke-free company. Specifically, smoking will be prohibited in all company buildings and facilities and in company vehicles.

This policy is being announced seven months in advance of implementation to ensure a smooth transition to a smoke-free workplace. All employees will receive an educational packet that includes information about a company-sponsored smoking cessation program and other self-help materials.

The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of smokers and nonsmokers. All employees share in the responsibility for adhering to and enforcing the policy.

We will appreciate cooperation from all employees.

Paul Nolan
President-South Area

PN:bb

FORM 90002023 (4-90)

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The Policy

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

1. PURPOSE

1.1 To promote the health and safety of all employees by providing safe and healthy work conditions and to assure clean air in the work environment.

2. POLICY

2.1 The policy prohibits smoking in all company facilities and in company vehicles. The implementation of this policy will be announced seven months in advance, with all areas of the company being smoke-free by January 1, 1992.

2.2 The purposes of the revised policy are:

a. To address continuing complaints and increasing concerns from employees about the potential harmful effects of exposure to smoke in the workplace.

b. To be consistent with the company's commitment to the health of our employees.

c. To be consistent with legal requirements that the company provide a safe and hazard-free work environment.

d. To provide reasonable time for adjustment and support to smoking employees who choose to use a company-sponsored smoking cessation program and/or self-help materials.

3. POLICY ADMINISTRATION

3.1 Administration of this policy is the responsibility of local departmental management.

4. PRACTICE

4.1 Prior to implementation of this policy:

a. Employees will receive sufficient information to understand the policy.

b. Smoking cessation programs and/or self-help materials will be made available for those employees who want assistance in quitting smoking. Quit smoking materials can be obtained through the Health Services Department.

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c. Building Operations will make arrangements for appropriate signs, ashtray removal, and maintenance at building exits and entrances.

5. DISCIPLINE

5.1 Employees who violate the policy outlined in this practice will be subject to usual disciplinary action.

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Policy Implementation

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POLICY IMPLEMENTATION

1. Health Program Development will work with the respective managers to review the information packet.

2. All employees will receive a Smoke-Free Workplace Policy Information Packet that will include practical information about the new policy.

3. Health Program Development will provide the following support:

    * answers to questions and interpretation of the policy
    * information on smoking cessation programs
    * other materials to assist in policy implementation

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THE IMPLEMENTATION PROCESS INCLUDES:

STEP 1. The information packet

STEP 2. Facility changes

STEP 3. Smoking cessation support

STEP 4. Enforcement of the policy

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STEP 1: The Information Packet

* All employees will receive a copy of the information packet.

* Employees will review the packet to become familiar with the new policy.

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STEP 2: Facility Changes

* "This is a Smoke-Free Workplace" signs will be posted in all buildings.

* All indoor ashtrays will be removed.

* Ash receptacles will be placed in designated outdoor smoking areas by Building Operations.

* Maintenance changes and signage will be coordinated with Building Operations well in advance of policy implementation.

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STEP 3: Smoking Cessation Support

The following information will be made available to all employees who wish to quit smoking:

A. Pamphlets on the effects of smoke and ways to quit.

B. Self-help materials to actually help the smoker to quit.

C. The Free and Clear Program
(See Appendix A, pg. 47)

For further information on quitting smoking contact:
Health Services
(813) 228-3618 or
(813) 228-3966

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STEP 4: Enforcement of the Policy

* Local departmental management will be responsible for the enforcement of the policy.

* Employees who violate the policy will be subject to usual disciplinary action.

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Questions and Answers

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GTE SOUTH AREA SMOKING POLICY

Questions and Answers

Q. WHAT IS THE NEW POLICY?

A. GTE South Area has adopted a policy which assures that employees have clean air and a safe work environment. The policy prohibits smoking in all company facilities and in company vehicles. The company will become smoke-free on January 1, 1992.

Q. WHY IS THIS POLICY BEING IMPLEMENTED?

A. This policy is the result of the following factors:

1. Numerous complaints that the current policy is not meeting the goal of providing clean air for those who request it.
2. Medical evidence concludes that side-stream smoke is a health hazard.
3. The cost of providing equitable physical environments to allow smoking at work is prohibitive.
4. There is a need to be consistent in providing a safe environment for employees, and protecting their health.

Q. HOW WILL THE POLICY BE INTRODUCED?

A. The following steps will take place:

1. A letter will be sent out from Paul Nolan.
2. Employee bulletins and posters will support the policy.
3. The information packet will be sent to all employees.
4. A smoking cessation program and self-help materials will be made available on a voluntary basis to smokers who would like help in quitting smoking.

Q. WHAT ARE THE GOALS OF THE NEW POLICY?

A. 1. To provide a smoke-free work environment by January 1, 1992.

2. To provide a hazard-free work environment for all employees.

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Q. IS THIS A REASONABLE POLICY?

A. 1. The current policy of accomodating smoker and nonsmoker needs has not worked. There are still complaints, side-stream smoke continues to pose a health hazard, and both employee and customer complaints can no longer be ignored.

2. GTE South Area recognizes this policy may present some difficulty for employees currently smoking, and thus intends to announce this policy seven months in advance. Support for smokers will be provided through information and a company sponsored smoking cessation program (on a voluntary basis).

3. GTE South Area will provide a safe environment within which employees may work.

Q. WHY IS SMOKING BEING SINGLED OUT FROM OTHER PERSONAL HABITS?

A. Smoking has serious medical consequences for the smoker and can create a health hazard for others in the vicinity of the smoke. It directly creates conflict between employees and is a major health and safety issue in the workplace today.

Q. IS IT FAIR TO CHANGE THIS POLICY? IT IS DIFFERENT THAN THAT UNDER WHICH I WAS HIRED.

A. It is the company's obligation to recognize the most current information on health and safety and act on that to provide a safe environment for employees.

Q. WHAT IS SECOND-HAND SMOKE AND HOW DOES EXPOSURE TO IT AFFECT NONSMOKERS?

A. It is smoke made by smoldering cigarettes or exhaled smoke from a smoker. Evidence concerning the health effects of second-hand smoke together with changing public attitudes, provides a reasonable basis for control measures at the workplace. The Environmental Protection Agency (EPA) has recommended that second-hand smoke be classified as a Class A (most hazardous) carcinogen.

Q. IS THIS POLICY APPLICABLE TO SMOKING ONLY OR TO ALL TOBACCO PRODUCTS?

A. The policy addresses smoking specifically because it produces side-stream smoke. However, GTE South Area recognizes the health hazards of all tobacco products. Employees who use smokeless tobacco and wish to quit will be given the same support as smokers.

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Q. IS THERE A LEGAL RIGHT TO SMOKE?

A. GTE South Area takes no position on this. It is the company's position that clean air takes precedence over smoking. The policy is intended to provide a healthier work environment for all employees, by eliminating exposure to side-stream smoke.

Q. WILL GTE SOUTH AREA HIRE ONLY NONSMOKING EMPLOYEES?

A. GTE South Area will not discriminate against smoking applicants. Prospective employees will be informed of the company smoking policy during the application process.

Q. WILL THERE BE ANY CHANGE IN BREAK SCHEDULES FOR SMOKERS UNDER THE NEW POLICY?

A. No. Break policies will remain consistent.

Q. WHY WILL ALREADY SEPARATED VENTILATION LOCATIONS IN THE COMPANY BE CLOSED DOWN?

A. 1. In order to be completely smoke-free, designated areas cannot exist.

2. There is a need to be consistent with all locations.

Q. HOW WILL THE NEW POLICY BE ENFORCED?

A. This will be handled as any other policy violation and will be subject to usual disciplinary action. Smokers who have difficulty complying with the policy should be offered every assistance, including Employee Assistance Program counseling.

Q. WHY IS SMOKING PROHIBITED IN PRIVATE OFFICES AND COMPANY VEHICLES?

A. Two primary reasons are behind this:

1. It is inequitable to allow persons with private offices to smoke when employees without private offices cannot. Persons entering private offices to do business must still breathe smoke.

2. Company vehicles comprise common work areas for employees and/or customers.

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Q. WHAT WENT WRONG WITH OUR DESIGNATED SMOKING AREA POLICY?

A. Although the designated smoking area policy was an improvement over the past policy, it did not solve the problem of side-stream smoke. The policy allowed inequitable application in different areas of the company. Finally, limitations of space, lack of adequate ventilation alternatives, and the prohibitive cost of accommodating smoking while providing a safe environment for employees mandated a change in the policy.

Q. HOW WILL SMOKERS RESPOND TO THIS POLICY?

A. This policy will be supported by the majority of smokers as well as nonsmokers, based on the experience of other companies and the need to have a safe work environment.

Q. WHAT OTHER COMPANIES HAVE IMPLEMENTED A SMOKE-FREE WORKPLACE POLICY?

A. GTE Service Corporation, GTE Northwest, GTE Data Services, GTE Southwest, GTE Telephone Operations Headquarters, Pacific Northwest Bell, Mountain Bell, Southwestern Bell, former Contel South Area, and many others.

Q. WILL GTE SOUTH AREA HELP EMPLOYEES STOP SMOKING?

A. Yes. The company will provide the following assistance to persons who, on a voluntary basis, wish to have support:

1. A company-sponsored smoking cessation program.

2. Written materials on smoking and smoking cessation programs.

Q. WON'T THIS POLICY DIVIDE PEOPLE?

A. The current situation already divides people. This policy will reduce the problem and establish a healthy work environment.

If you have additional questions or concerns, please contact Health Services.

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GTE Smoke-Free Workplace Companies

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

	SMOKE FREE	DESIGNATED AREAS ONLY	SMOKING IN PRIVATE OFFICES	SMOKING CESSATION OFFERED	DISCIPLINE FOR VIOLATIONS	SMOKING IN COMPANY VEHICLES	COMPLIANCE LEVEL H= high few comp. M= medium L= many comp.
CALIFORNIA	NO	YES	YES, NEGOTIATING BETWEEN EMPLOYEES	NOT STATED IN POLICY	NOT STATED IN POLICY	YES, IF NO ONE OBJECTS	LOW
HAWAII	NO	YES	YES, IF ENCLOSED CEILING TO FLOOR	YES	YES HRP 501	YES, IF EMPLOYEE IS ALONE	HIGH
NORTHWEST	YES	NO	NO	YES	REVIEWED BY VPHR YES	YES, IF EMPLOYEE IS ALONE	HIGH
SOUTH	YES	NO	NO	YES	YES	NO	NEW POLICY (NO RECORD)
SOUTHWEST	YES (1990)	NO	NO	YES	YES	NOT IN POOL VEHICLES	NEW POLICY (NO RECORD)
NORTH	NO	YES, IF NOT AVAILABLE TOTAL BAN	NO	YES	YES	IF DRIVE IS MORE THAN 2 HOURS	LOW
HQ	YES	YES	NO	YES	YES	NOT STATED	NEW POLICY (NO RECORD)

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

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OTHER SMOKE-FREE COMPANIES

38% to 40% of all national corporations are smoke-free. Some of these corporations include:

American Heart Association

American Lung Association

Boeing Electronics

Blue Cross Blue Shield

Cardinal Industries

Federal Express

Greyhound

Johnson and Johnson

Prudential Insurance Co. of America

Ralston Purina Co.

Southwestern Bell

Turner Broadcasting

Wal-Mart

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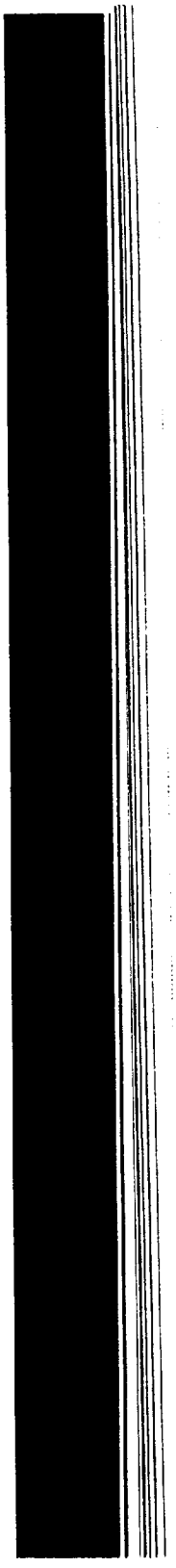
Glossary of Terms



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GLOSSARY OF TERMS

Carcinogen: any agent or substance which produces cancer or increases the development of cancer.

Dose: the amount of a factor that enters or interacts within the body (i.e., how much tobacco smoke actually gets to and remains in the lungs).

Environmental Tobacco Smoke (ETS): smoke released into the air from the burning end of tobacco and from exhalation by smokers.

Epidemiology: the study of the distribution and causes of health-related problems.

Excess Costs (of smoking): differences between employer expenses for smokers and nonsmokers due to increases in absenteeism, medical costs and housekeeping costs related to smoking. Also includes the costs associated with earlier retirement and decreased productivity of smokers.

Exposure: contact with a substance by a group or an individual. (i.e., with smoking, all the smoke inhaled is the exposure even though only part of it (the dose) remains in the lungs.)

Heavy Smoking: smoking two or more packages of cigarettes per day (more than 40 cigarettes per day).

Incidence: number of cases of a disease or illness during a given time period.

Involuntary Smoking: breathing in of smoke in the air by people who are not smoking and without their choosing to do so.

Light Smoking: smoking less than ten cigarettes per day.

Main-stream Smoke: smoke inhaled by the smoker from smoking; contains large particles deposited in the larger airways of the lung.

Passive Smoking (second-hand smoke): inhalation of smoke in the air simply because a person shares air space with someone who is smoking.

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Risk: the likelihood that a given event will take place.

Side-stream Smoke: smoke generated from the burning end of cigarettes, cigars and pipes during smoldering between puffs; a major source of ETS, composed of a mixture of irritating gases and carcinogenic tar particles: particles are smaller than those in main-stream smoke and, therefore, deposit deeper into the lungs.

Smokeless Tobacco: tobacco products which are not ignited and inhaled, may be chewed (chewing tobacco) or inhaled through the nose (snuff).

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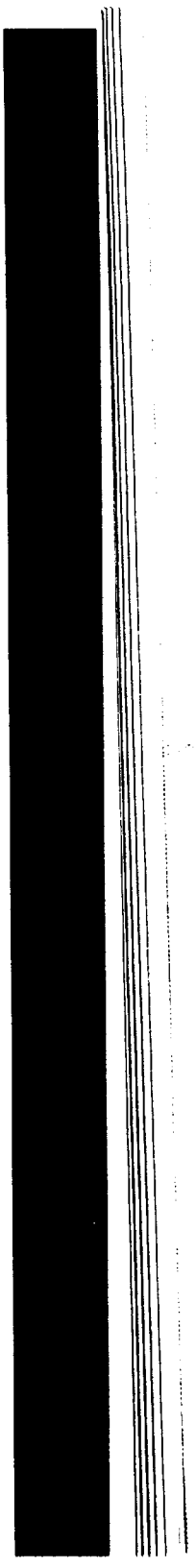
Facts on Tobacco



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TOBACCO USE

Cigarette Smoking

* An estimated 56 million (29%) Americans smoke.

* The percentages listed represent smokers in the states which are part of GTE South Area:

Alabama	28%
Florida	24.4%
Georgia	24.1%
Kentucky	37.9%
North Carolina	25.7%
South Carolina	29.4%
Tennessee	34%
Virginia	31%
West Virginia	26.3%

* One-third of all smokers are heavy smokers: smoke two or more packs per day

* The number of smokers decreased from 1965 to 1990:

  smoking among men decreased from 50% to 32%
  smoking among females decreased from 34% to 27%

* The number of young women who smoke is increasing noticeably, which is why the number of females who smoke is decreasing at a slower rate than that of smoking males.

* Smoking causes a greater risk of cancer than any other form of tobacco. This risk increases with increased intensity and duration (life years) of smoking.

* Two decades ago, the average age for trying a cigarette was sixteen. Today the average age is fourteen. Statistics show that 19% of all high school seniors smoke on a daily basis.

* Smoking rates are higher among certain ethnic and minority groups. Rates are especially high in black males and are increasing among Hispanics.

* In the latest Gallop poll 90% of smokers expressed an interest to quit while 60% had tried to quit at least once.

* Substantial numbers of smokers are still unaware or do not accept the health risks of smoking. Between 8 to 15 million adult smokers do not believe that smoking increases the risk of developing lung cancer, heart disease, chronic bronchitis and emphysema. (Surgeon General's Report: Reducing the Health Consequences of Smoking, 25 Years of Progress)

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Smokeless Tobacco

* The use of smokeless tobacco has been increasing among young males. Chewing tobacco use is ten times higher now than in 1975 while the use of snuff increased four fold.

* An estimated 5.8 million people were using smokeless tobacco in 1990.

* Currently, 5% of all males in the United States use chewing tobacco or snuff.

* The use of smokeless tobacco leads to increased risk of cancer, specifically mouth and throat cancer and also leads to dental problems.

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HEALTH HAZARDS

Active Smoking

* Smoking is the single most preventable cause of death and disease in the United States today.

* One in every six deaths in the U.S. each year is attributed to smoking.

* Smoking related diseases (i.e., lung cancer, emphysema, chronic bronchitis, etc.) account for 350,000 deaths each year in the United States alone. This death rate is higher than the rate of deaths due to heroin, cocaine, alcohol, AIDs, fires, homocides and suicides combined.

* It is estimated that one third of all smokers age 35 or over will die prematurely due to diseases related to their smoking habit.

* In 1988, lung cancer surpassed breast cancer as the leading cause of cancer deaths in the female population. (American Cancer Society: Cancer Facts and Figures, 1990)

* Cigarette smoking causes 90% of all lung cancer deaths in women and 87% of all lung cancer deaths in the total population.

* Women are four times as likely to die from lung cancer today than they were in 1964. (Surgeon General's Report- Reducing the Health Consequences of Smoking)

* Smoking is the leading cause of cancer death, accounting for 30% of all cancer deaths.

* Of the individuals who are diagnosed with lung cancer, only an estimated 13% will live for five years or more.

* Smoking increases the rate of heart disease due to carbon monoxide decreasing the flow of oxygen to the heart.

* More than 20% of all coronary heart disease deaths are caused by smoking.

* 15% of all stroke deaths are smoking related.

* 82% of all deaths due to chronic obstructive pulmonary disease (conditions that interfere with breathing) are due to smoking.

* Smoking may lead to a decrease in the quality of sperm in men and in the fertility among women.

* Fire marshals report that 50% of all hospital fires and 56% of all fatal residential fires are cigarette related.

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Passive Smoking (involuntary)

* The Environmental Protection Agency concludes that involuntary exposure to tobacco smoke causes lung cancer in nonsmokers and increases the risk of respiratory illnesses, especially in children.

* The Environmental Protection Agency has recommended that second-hand smoke or side-stream smoke be considered a "Class A" carcinogen which is the most hazardous class of carcinogens.

* Involuntary smoking is the third most preventable cause of death after active smoking and alcohol abuse.

* Involuntary exposure to cigarette smoke is the cause of approximately 4,000 cancer deaths each year.

* 30,000 to 40,000 deaths from heart disease are attributed to passive smoking.

* An estimated 10,000 cancer deaths, other than lung cancer are due to passive smoke inhalation.

* Cigarette smoke contains more than two hundred known poisons including DDT, arsenic, formaldehyde and carbon monoxide.

* Infants of smoking parents have higher rates of lung diseases such as pneumonia and bronchitis than do infants of nonsmoking families.

* Children, ages five to nine, of smoking parents tend to have lower lung function abilities when compared to children of nonsmoking families.

* There is a significant increase in the risk of death for nonsmokers living with smokers. These nonsmokers are two times more likely to develop lung cancer than those who do not live with a smoker.

* Even children who are not yet born are endangered by second-hand smoke. Women who smoke during pregnancy are putting themselves and their unborn child at risk of spontaneous abortions, premature births, low birth weights, congenital malformations and fetal and infant deaths.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

FINANCIAL IMPLICATIONS OF SMOKING

* Smoking related illnesses including heart disease and lung cancer cost the United States 22 billion dollars per year. These illnesses also cost industries 43 billion dollars per year in lost productivity.

* A smoking employee can cost between $200 and $1,500 per year more than a nonsmoking employee due to increased medical expenses, insurance premiums, lost productivity, absenteeism, building maintenance, disability, etc.

* American health care costs average $300 more per year for smokers than nonsmokers.

* The absenteeism rates are 30 to 40 percent higher for smokers.

* In 1990, The United States Congressional Office of Technology Assessment estimated that each pack of cigarettes costs an additional $2.17 in lost productivity and in treating smoking related diseases.

* The American Lung Association estimates that the average case of lung cancer costs $60,000 per year however, individual cases costing up to $300,000 per year have been reported.

* The number of reported injuries on the job are twice as high for smokers than for nonsmokers.

* With the rising cost of cigarettes, a person who was smoking two packs per day ten years ago was spending $547.50 per year. Today, that same two pack per day smoker is spending $1,460 per year.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

HISTORY OF THE EFFORTS TO DECREASE SMOKING

* In 1964 the U.S. Surgeon General stated that smoking causes lung cancer, heart disease and other respiratory illnesses.

* In 1965 mandatory warning labels were placed on all cigarette packages.

* In 1971 cigarette makers withdrew advertisements from television and radio due to the anti-smoking messages aired via the FCC "Fairness Act".

* In 1972 the first report suggesting the dangers of second-hand smoke was issued by the Surgeon General.

* In 1975 Minnesota became the first state to pass a law requiring businesses, restaurants and other institutions to establish no smoking areas.

* In 1983 San Francisco became the first major city to limit smoking in the workplace.

* In 1986 second-hand smoke was targeted again when Surgeon General Koop and the National Research Council published a report on studies that linked second-hand smoke to lung cancer and respiratory disease in nonsmokers.

* In January, 1989 the Surgeon General issued a report covering 25 years of progress in the nations health. This report highlighted the fact that there were fewer smokers in the United States in 1988 than there had been since 1942.

* A June, 1989 tobacco report by the U.S. Department of Agriculture, estimated that the cigarette output from June of 1988 to June of 1989 was down 3% from the previous year.

* In 1990 there was an increase in state legislated actions on tobacco use. Forty-five states and the District of Columbia had or began restrictions on smoking in public areas in some manner. Of these states, 35 were restricting smoking in the public work place and fifteen had extended those limitations to private sector workplaces.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

1990 State Legislation for South Area States

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

ALABAMA

No restrictions

FLORIDA

Smoking is prohibited in public places or at public meetings except in designated smoking areas. This does not apply if the entire room or hall is being utilized for private functions.

Public places include: government buildings, restaurants seating more than fifty people, retail stores, public means of mass transportation and associated terminals, elevators, hospitals, nursing homes, educational facilities, libraries, courtrooms, jury waiting and deliberation rooms, grocery stores, public school buses, museums, theaters, auditoria, arenas, recreational facilities and places of employment.

Possession of a lighted tobacco product on an elevator is prohibited and is a second degree misdemeanor.

GEORGIA

Smoking is prohibited in public elevators, public transportation and any other public areas designated non-smoking.

KENTUCKY

Limited restrictions

NORTH CAROLINA

Limited restrictions

SOUTH CAROLINA

Smoking is prohibited, except in designated smoking areas, in public schools, day care centers, health care facilities, public work places, elevators, public conveyances and theaters.

Owners, managers or agents in charge of the premises are to make every reasonable effort to prevent designated smoking areas from impinging upon the designated smoke-free areas through the use of physical barriers and ventilation systems.

TENNESSEE

No restrictions

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

VIRGINIA

Smoking is prohibited in elevators, public school buses, common areas in public schools, hospital emergency rooms, local or district health departments, polling rooms and indoor service and cashier lines. No-smoking areas must be provided in restaurants seating 50 people or more, retail establishments larger than 15,000 square feet, educational facilities and health care facilities.

WEST VIRGINIA

No-smoking signs must be placed in all public transportation vehicles used in the transportation of eight or more individuals. Smoking is prohibited in any vehicle in which a no-smoking sign is posted. Smoking cigarettes on school grounds or in school buildings is prohibited, except in designated smoking areas.

Anyone who has lighted smoking materials or who lights smoking materials after entering a factory, business establishment, mill or workshop where no-smoking notices are posted commits a misdemeanor.

NOTE: Each of the states with no or limited restrictions have corporations and/or organizations that have designated smoking areas or are completely smoke-free.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

Benefits of Quitting

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

HEALTH BENEFITS OF QUITTING SMOKING

TIME FRAME	HEALTH BENEFIT
20 minutes (after the last cigarette)	blood pressure begins to decrease, heart rate drops to its normal rate, body temperature of the hands and feet increases to normal
8 hours	carbon monoxide levels in the blood begin to decrease, oxygen levels in the blood begin to increase
24 hours	chances of a heart attack begin to decrease
48 hours	nerve endings begin to grow back increasing the ability to smell and taste
72 hours	bronchial tubes relax and breathing becomes easier
2 weeks to 3 months	improved circulation, walking becomes easier, lung function increases up to 30%
1 to 9 months	decrease in coughing, sinus congestion, fatigue and shortness of breath; cilia in the lungs regrow thus increasing the ability to cleanse the lungs
1 year	chances of developing coronary heart disease decrease 50%
2 to 5 years	the risk of bladder and/or cervical cancer is decreased
5 years	the chances of developing lung, mouth, throat and esophagus cancers are decreased by 50%
10 years	risk of stroke and lung cancer is decreased to that of a person who never smoked, precancerous cells are replaced, risk of pancreatic cancer decreases
15 years	risk of coronary heart disease decreases to that of a person who has never smoked
special note	the risk of low birth weight babies decreases to that of a person who has never smoked if a woman quits before the pregnancy or in the first trimester

2025433566

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

WOULD YOU LIKE TO STOP SMOKING?

1. **What does it take to stop smoking?**

For years people thought of smoking as a simple habit. According to the old view, all you needed to quit was will power. Just wanting to quit was supposed to be enough. But now it is clear that smoking is a far more complex behavior. You probably smoke for many reasons. But all the reasons stem from two major sources. **First**, the nicotine in cigarettes makes smoking physically addicting. Nicotine is an addictive drug, and because you are accustomed to a certain level of nicotine each day you may experience withdrawal symptoms when you go too long without cigarettes. Not all people experience withdrawal symptoms, but if you do, be assured that they are only temporary. They will begin to subside within a week after quitting, once your body returns to its natural state. Within two weeks most symptoms disappear completely. Unfortunately many quitters give up too soon and go back to smoking before discovering this.

Second, cigarette smoking is an ingrained habit, and an all-purpose coping tactic. Think of all the thousands of times that you smoked when you were taking a needed break from work, postponing starting a difficult task, finishing a meal, talking on the phone, watching T.V., celebrating good news, or distracting yourself from a worry or problem.

For these reasons quitting smoking requires more than just desire. Will power is important, but research shows that quitters need to:

* Learn skills for replacing the smoking habit and coping with initial urges
* Have confidence that withdrawal symptoms are temporary
* Have accurate positive expectations about what life without cigarettes is like.

You need a plan of action to prepare yourself to cope with temptation while you are stopping and after you smoked your last cigarette.

Your plan should include your family, friends and co-workers. Prepare them for what you are experiencing and enlist their support to help you on the way.

2025433567

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

2. **How can I choose a good smoking cessation plan that is well suited for me?**

People do best when they can pick an approach to stop smoking that appeals most to them. We now know more about which approaches work to help people stop smoking. Good programs use positive approaches, present skills and techniques proven to be effective for quitting and staying off cigarettes. They build confidence and accurate expectations and avoid negative approaches such as scare tactics.

If you want to try quitting on your own, try one of the several recommended self-help guides. GTE South Area highly recommends using a systematic approach, but if you find these to be more detailed than you want, try one of the short brochures on the list. Self-help is a good approach for you if you can expect good support from your family and friends, and if you find it easy to work on your own without the structure of a group.

If you've already tried repeatedly to stop smoking on your own, and if you cannot depend on support from family and friends, you may prefer the structure and support from a formal program. Several courses are recommended in Appendix A, pg. 47.

3. **What withdrawal symptoms can I expect when I stop smoking?**

There are several things to keep in mind about withdrawal symptoms. First, that they are **temporary**. The symptoms reach a peak about 3-5 days after you quit smoking, while your body rids itself of the remaining nicotine. By the end of two weeks they should completely disappear and the urges to smoke will become fewer and farther between. During this period you can think of withdrawal as a positive sign that your body, mind and emotions are returning to a normal cigarette-free state. Instead of regarding these feelings as "symptoms", think of them as signs of "recovery".

As many as 40% of ex-smokers do not experience withdrawal symptoms at all, but it is impossible to predict what each individual will feel. Some of the common "signs of recovery" are: cravings, restlessness, moodiness, sweating, headaches, difficulty concentrating, increased productive coughing, daytime drowsiness, difficulty sleeping, irregularity, cramps, stomach upset, diarrhea or feelings of hunger. If troubling symptoms persist longer than two weeks, call your doctor. More information on withdrawal symptoms can be found on on page 43.

2025435568

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

4. **Can nicotine gum help?**

Nicotine gum can be helpful in relieving strong withdrawal symptoms associated with abrupt quitting. If you are still experiencing strong reactions a week or two after quitting, you may want to discuss nicotine gum with your physician. Note that this gum used alone does not appear to be helpful. How much it helps to promote quitting depends on the program it is paired with.

5. **How helpful are filters, bantron or nikoban to help me stop smoking?**

Filters: Filters have not been shown to be effective on their own. They may be helpful if you smoke cigarettes with a low nicotine level and want to reduce your nicotine dose further before quitting.

Nikoban/Bantron: These products have not been shown to be helpful to relieve withdrawal symptoms or promote non-smoking. They do contain drugs that mimic nicotine. Speak with your doctor if you have any questions about their medical safety or appropriateness.

6. **What are some good cigarette substitutions?**

To select the best cigarette substitute for you, think about what you enjoy most about smoking. Is it the handling, having something in your mouth, the pick-me-up, stress reducer, reward, time-out? Choose your substitute to help you meet this need. Here are some examples:

Handling: paper clips, binder clips, pen, money, worry stone, coins

Oral stimulation: sugarless gum, sugarless mint, toothpick, coffee stirrer, carrots, celery, cinnamon stick, licorice, glass of water or juice

Pick-me-up: piece of fruit, juice, exercise, deep breathing, stretching

Stress reducer: deep breathing, visualization, meditation, doodling, talking with a friend, crossword puzzle

Rewards: long distance phone call, manicure, massage, flowers, lunch out, giving yourself permission to take a break, cup of decaffeinated coffee, glass of orange juice, exercise

Time out: give yourself permission to do nothing, call a friend, take a walk, read

2025433569

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

7. I'd like to stop smoking but I'm worried about weight gain.

Not everyone gains weight when they stop smoking. In fact, 1/3 of the people who quit lose weight, 1/3 stay the same weight, and 1/3 gain weight. For those who gain, the average increase is 5 to 10 pounds.

If you are concerned, or if you have gained weight in the past while quitting, there are some things you can do to control your weight while stopping smoking.

1. During the first few weeks of not smoking, concentrate your efforts on the quitting process. Do not worry about dieting at this time. It is too difficult to make more than one change at a time.

2. Include exercise in your quitting plan. Exercise will help you to stay off cigarettes, make you feel better about yourself, help you with stress management and help you with your weight control. If you are already exercising, try to put in a little more time and effort. If you are not currently exercising, start off slowly. Try walking, investigate aerobic classes, join your friends in their exercise activities.

3. Find <u>non-food</u> rewards to celebrate your success. Keep a supply of low calorie foods handy when using food as a substitute.

8. How can I stay off cigarettes once I've stopped?

The four stages of stopping smoking are 1) deciding to quit, 2) making the preparations to quit, 3) quitting, 4) staying off cigarettes. All steps involve a lot of work and commitment from you. The part that people often cut corners on is the fourth stage, staying off cigarettes, because they do not realize that it does take planning and some effort. Here are three suggestions to help you stay off cigarettes.

1. Help the people around you to continue to support you while you are learning to stay off cigarettes.

   When you are learning to quit, you are bound to get a certain amount of loving care and attention from family and friends. Then, when you quit you get a lot of congratulations. Maintaining this new habit is often difficult especially when it becomes "old news" to people around you. Be prepared to ask for the attention you need to continue to get the same support for efforts in keeping off cigarettes as you did during the first stages of quitting.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

2. Practice how you are going to deal with situations without cigarettes.

   Just as you spent time learning to smoke, you must spend time learning **not** to smoke. This involves making plans about how you are going to react in situations without cigarettes, such as parties, talking on the telephone, having an argument with a friend, flying on airplanes or a family crisis. The time you spend thinking about what you are going to hold in your hand, what you are going to say, how you might feel, what you might do, pays off to help you maintain your new habit.

   One method to prepare for this is to think about situations where you feel comfortable not smoking and write down what you are doing, feeling, saying etc. Then, think about situations where you feel it would be hard to make it through without a cigarette. Review the list of things you did when you felt comfortable not smoking. Can you translate any of these things to the more difficult situations? Just practicing this in your mind will be a great help when you are faced with the real thing.

3. Keep your priorities straight. Remember why it was important to you to stop smoking.

   To help you keep your priorities straight, make a list of all the reasons you want to stop smoking and keep it where you can see it all the time. Tell all the people around you that you have stopped smoking. This will let your friends, family and co-workers know that not smoking is important to you. By not telling people you quit, you leave room for failure, which denies how important quitting really is to you.

2025433571

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

Suggestions for Quitting the Habit

2025433572

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

QUITTING THE HABIT

Nearly every individual who has ever tried to stop smoking has found that it is not an easy habit to break. In order to be successful in this endeavor it is important for the smoker to have a firm resolve to stay off of cigarettes and to maintain that resolve even in exceptional or difficult times.

Below is a list of suggestions for quitting the smoking habit. Each individual is different therefore, it is important to find the strategies that work for you and stick with them.

1. Drink plenty of water. Water helps to flush out the chemicals in the body and aids in the recovery of withdrawal symptoms.
2. Drink fruit juice in the morning before breakfast. During the day drink vegetable juices to take away the desire for a cigarette.
3. Brush your teeth frequently, especially after each meal.
4. Take a cool shower in the morning. This stimulates circulation and helps to overcome the need for the morning "wake up" cigarette.
5. Use breath fresheners or breath mints to keep a cool, clean feeling in the mouth.
6. Satisfy the need for oral stimulation by chewing gum, tooth picks or straws.
7. Additional vitamins, particularly B-complex, can help nerves as they are being depleted of the nicotine.
8. Do not take drugs, except on the advise of your physician.
9. Get plenty of rest, especially during the first few days of the quitting process.
10. Exercise on a regular basis.
11. Try to do some form of stretching exercises on a daily basis.
12. Take deep breaths throughout the day. Try to take short ten second breaks periodically throughout the day to concentrate on deep breathing exercises.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

13. Do not substitute food for cigarettes.

14. Avoid social situations that are focused on the smoking habit such as smoke-filled places, coffee breaks, etc.

15. Keep your hands busy to avoid the need to handle a cigarette.

16. Rearrange work habits, if feasible, to avoid the desire to smoke when working under pressure or at times of relaxation.

17. Do not sit around after meals. Get up from where you ate to avoid the "after dinner" cigarette.

18. Take up a hobby or other activity that keeps your mind and your hands busy.

19. Educate yourself on the beneficial health effects of stopping smoking by reading magazine or newspaper articles about the smoking habit.

20. Redecorate your home or rearrange the furniture to give you a change in surroundings.

21. Clean your house, car, office or any other place where you smoke to get rid of the smell of the cigarettes.

22. Think of all of the money you are saving by not smoking.

23. Stop smoking with a buddy. If two or more of you can work together and support each other you may find it easier to stay with the process.

24. Be sensitive and supportive to others who are trying to kick the habit.

25. Make it a New Year's resolution.

2025433574

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

COMMON WITHDRAWAL SYMPTOMS

Many people who quit smoking go through a period of some discomfort. The length and severity is different for each person depending on the amount of nicotine in their system. The symptoms usually occur within the first three days and are generally gone after the first week. Nicotine is a drug that exits the body quite rapidly. Therefore, the withdrawal symptoms generally do not last more than a week. In order to speed up the recovery, it is recommended that a person drink at least 6-8 glasses of water each day.

Some common recovery symptoms include:

Restlessness	Impaired concentration
Headaches	Heart palpitations
Anxiety	Diminished pulse
Irritability	Muscle cramps
Dizziness	Tremors
Insomnia	Eye difficulty
Disorientation	Itching of extremities
Drowsiness	Nausea

Hints to Reduce Withdrawal Symptoms

1. When a sudden, unexpected urge catches you off guard, take three large deep breaths to circulate plenty of oxygen through your circulatory system. Hold the last breath for five seconds and exhale slowly. This will help you to relax and also uses the muscles normally used in inhaling.

2. Caffeine, a stimulant, creates a craving for nicotine. To avoid this additional stimulus, try to avoid caffeinated drinks such as coffee and soda.

3. Try to avoid alcoholic beverages. Alcohol creates a deficiency in oxygen in the system which creates a decrease in the ability to concentrate. This may develop the urge to have a cigarette to "pep you up".

4. Avoid excess sugar in your diet. Excess sugar tends to break down vitamin B1 which is needed by the nervous system. This can lead to a decrease in concentration and an increase in tension and irritability.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

HANDLING THOSE SMOKING URGES
and
RELAPSE

One of the hardest things for recent ex-smokers to do is handle the craving to smoke. Here are a few tips to help you control those urges and take your mind off smoking.

* Take deep breaths - This is great for reducing urges when feeling tense. Taking deep breaths also helps to remind you of how good it feels to be a nonsmoker.

* Wait it out - After three to five minutes of waiting out the urge, the craving will fade and disappear.

* Find something to do when you are bored - if you find yourself craving a cigarette, take a walk or pick up a pencil and doodle -- anything but smoke a cigarette.

* Reduce muscle tension - if you crave cigarettes on the job, take a minute to stretch your arms. Physical motion helps you handle urges and helps to reduce muscle tension.

Many people who quit smoking slip and smoke one or a couple cigarettes. Have you failed? NO! Millions of smokers slip but later quit for good. In fact, slipping can be an important part of becoming an ex-smoker. If you slip, ask yourself:

* When did I slip?
* What went wrong?
* Was it the people I was with or my mood?
* What will I do when this situation happens again?
* Then, get back on track and stay off cigarettes!!

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

Most who are successful in quitting smoking are those who learn how to recover from a relapse. Relapse is when a person returns to their previous smoking pattern after an attempt to quit. The most important lesson learned by smokers in quitting is that they cannot test themselves by having one or two cigarettes. If you are trying to quit smoking and relapse, here are some questions you should ask yourself:

* What caused you to smoke again?
* How did the cigarette taste?
* Was it as good as you had expected?
* Were you really missing something by not smoking?

After you have asked yourself these questions and had time to think about your relapse, you should:

* Recognize that you've had a small setback but that does not mean you are a smoker again.
* Learn from your setback.
* Think about the effort you have already invested in quitting and continue with it.
* Tell yourself: "I am not going to let this effort go to waste, I am still a nonsmoker!"

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

If you have gone back to your old habit, ask yourself these questions:

* Do I really want to quit smoking?

  If you're not ready to quit, it's unlikely you'll succeed.

* Am I worried about the stress of quitting?

  Do relaxation exercises when you feel tense to help you stay calm without smoking. One relaxation exercise is taking slow deep breaths and exhaling slowly. You can also relax by exercising. Find out what kind of exercise is right for you. Exercise will also help keep you from gaining weight.

* Do I need some help from my family and friends?

  It is okay to get help from other people. They know you will be better off without cigarettes and may have quit themselves.

Get back on track and breath clean air. You'll feel better about yourself and you will be around to enjoy your family a lot longer.

Working Well Study- March 1991

2025433528

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

APPENDIX A

Smoking Cesssation Programs

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

GTE SOUTH AREA SPONSORED SMOKING CESSATION PROGRAM

GTE South Area will sponsor Free & Clear, a self-help program designed to give smokers the guidance and support they need to quit smoking successfully. **Free and Clear** takes the quitter through a four-part, step by step program for getting FREE of the physical addiction to smoking and CLEAR of the smoking habit.

* The initial phase of **Free and Clear** focuses on making the decision to quit. It helps to stengthen the smoker's quitting resolve and challenges popular misconceptions about quitting.

* Phase two takes the smoker through four weeks of nicotine fading and life-style changes to overcome nicotine addiction and replace the smoking habit.

* Phase three of the **Free and Clear** program is focused on taking the quitter through a day-by-day process of dealing with temporary withdrawal symptoms, avoiding weight gain and feelings of loss and relaxing without a cigarette.

* The fourth and final phase concentrates on maintenance of the nonsmoking status through the presentation of relapse prevention and recovery stategies while increasing motivation and confidence in being a nonsmoker.

Free and Clear also includes a telephone Quitline staffed by experienced counselors who offer the quitters help and support. In addition to the Quitline, participants will receive five follow-up phone calls. These calls will be made at approximately 2 weeks, 1 month, 2 months, 6 months and 12 months.

This program will be offered to all interested employees free of charge by contacting:

Free and Clear Program

1-800-462-5327
(ask for Gwen)

2025433580

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

There are several additional programs that employees may choose to aid in their efforts to stop smoking. The information in this packet may help in the selection of a smoking cessation program right for each individual.

Each employee who chooses a program other than Free and Clear may be reimbursed up to $25 toward the cost of that program. This reimbursement offer can be utilized one time and may not be applied to stop smoking aids such as gums or filters.

To receive this reimbursement the employee must:

* Fill out the form in the back of this packet
* submit a receipt and proof of completion of the program
* return form and receipt to:

Cindy A. Cline
One Tampa City Center
MC 67
Tampa, FL 33601

2025433581

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

SMOKING CESSATION PROGRAM SUGGESTIONS

GROUP PROGRAMS

There are a variety of group smoking cessation programs available for those individuals who are interested in quitting the smoking habit. A majority of these groups include counseling by a professional and support from other individuals who have quit or are trying to do so. Most programs include lecture sessions on behavior modification, relaxation and self control. Some of the group programs are:

1. Freedom From Smoking

American Lung Association (ALA)
1740 Broadway
New York, NY 10019
(212)315-8712
(see list of addresses for local numbers, pgs. 57-67)

General Fee: $50-$150
Success Rate: 31%

Six week, seven session group program based on the principles of behavior modification.

2. Freshstart

1-800-ACS-2345

American Cancer Society
1599 Cliffton Road N.E.
Atlanta, GA 30329-4251
(404)320-3333
(see list of addresses for local numbers, pgs. 57-67)

General Fee: usually free of charge
Success Rate: 37%

Four, one hour small group sessions focusing on making your stopping smoking a positive and successful experience.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

3. **QuitSmart**

Dr. Robert Shipley
P.O. Box 4843
Duke University Station
Durham, NC 27706
(919)644-0736

General Fee: $75 to $175
Success Rate: 46%

Four week, five session program based on cognitive-behavioral training in the skills necessary for long term smoking cessation.

4. **Smart Move**

1-800-ACS-2345

American Cancer Society (ACS)
Susan Richards
1599 Cliffton Road, NE
Atlanta, GA 30329-4251
(404)320-3333

General Fee: usually free of charge
Success Rate: 37%

Single session with no presumption that the participants intend to quit. Focused on information and motivation.

5. **Smokeless**

1-800-345-AIPM

American Institute of Preventative Medicine (AIPM)
Sue Jackson/ Program Director
24450 Evergreen Suite 200
Southfield, MI 48075
(313)352-7666

General Fee: $95-$125
Success Rate: 60%

Multiple treatment program which teaches the necessary skills to achieve permanent abstinence from cigarettes. This program can be repeated without charge as often as needed by individuals who have trouble remaining nonsmokers.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

6. **Smoke Stoppers**

1-800-843-6247

National Center for Health Promotion
Ray Nelson
3920 Varsity Drive
Ann Arbor, MI 48108
(313)971-6077

General Fee: $150
Success Rate: 46%-68%

Eight sessions focusing on self responsibility and prevention measures.

7. **Smoke Free Living**

St. Joseph's Health Promotion Services
3003 W. Martin Luther King Jr. Blvd.
Tampa, FL 33607

Success Rate: 47%
Fee: can vary

Eight week course consisting of 1 to 1 1/2 hour sessions focusing on behavior modification and lifestyle changes.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

SELF-HELP PROGRAMS

There are several programs available to the public that offer educational information and aid in understanding the smoking habit and how to break the chain. Some of these programs include:

1. **Calling It Quits**

American Heart Association
National Center
7320 Greenville Avenue
Dallas, TX 75231
(see local listings, pgs. 57-67)

Cost: usually free of charge

The Program consists of two publications including a guide to help users become nonsmokers and a guide to maintaining non-smoker status once the user has quit.

The American Heart Association suggests the use of In Control in conjunction with Calling it Quits to provide support for the users. In Control consists of a video program, 13 ten minute segments, and a workbook focused on stress management.

2. **Freedom From Smoking in 20 Days/A Lifetime of Freedom From Smoking**

American Lung Association
1740 Broadway
New York, NY 10019
(see local listings, pgs. 57-67)

Cost; $7-$10 dollar donation

Consists of a manual with step by step directions for the user to follow that enable the individual to understand their own personal smoking habit and how to overcome the addiction.

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

AUDIOVISUAL MATERIALS

1. The Feminine Mistake: The Next Generation

   This film looks at what effects smoking has on women and is appropriate for the general public.

   Length: 32 minutes
   Cost: $295 (VHS)
   $595 (16mm)
   Rental: $75 for three days
   Available From: Pyramid Film & Video
   2801 Colorado Avenue Box 1048
   Santa Monica, CA 90408
   (213)828-7577
   1-800-421-2304

2. Hugh McCabe: The Coach's Final Lesson

   This film is a documentary of a high school teacher and coach diagnosed with terminal lung cancer.

   Length: 17 minutes
   Cost: $225 (VHS)
   $275 (3/4")
   Rental: $75 for 3 days
   Available From: Pyramid Film & Video (see above)

3. In Control

   This film is a 14 day self help video including a workbook and a relaxation tape.

   Length: 14 days for 10 minutes
   Cost: $45 to $60
   Available From: American Lung Association
   (see local listings)

4. Let's Clear The Air

   Documentation of the need for smoking policies in the work-place.

   Length: 15 minutes
   Cost: $495 (VHS)
   Rental: $49 for 15 days
   $90 for 30 days
   Available From: Smoking Policy Institute
   P.O. Box 20271
   Seattle, WA 98102
   (206)324-4444

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

5. The Quitter

A Light-hearted view of the process of stopping smoking.

Length: 7 minutes
Cost: $145 (VHS)
$195 (3/4")
$225 (16mm)
Rental: $75 for 3 days
Available From: Pyramid Films & Videos
2801 Colorado Avenue Box 1048
Santa Monica, CA 90408
(213)828-7577
1-800-421-2304

6. Smoking: Everything You And Your Family Need To Know

Narrated by Everett Koop, M.D., this film discusses the facts about adverse health effects of smoking, passive smoking, smoking during pregnancy and smoking among adolescents and children.

Length: 30 minutes
Cost: $110 (VHS)
$160 (3/4")
Available From: New England Book Service
RR #1
Charlotte, VT 05445
(802)425-3841
(item #PY233121L)

7. Where There's Smoke

A series of comic film clips from the Canadian Department of Health, highlighting the health issues related to smoking.

Length: 12 minutes- each clip is one minute long
Cost: $200 (VHS)
Available From: National Film Board of Canada
Box 7600
Wilkes-Barre, PA 18773
1-800-542-2164
(film #113C0170602)

2025433587

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

WRITTEN MATERIALS

A. American Cancer Society
1-800-ACS-2345

1. Can They Stop? Can You?, No. 2662
2. Cancer Facts & Figures - 1990, No 500B
3. Danger: Cigarettes, No. 2053
4. Dangers of Smoking, Benefits of Quitting and Relative Risks of Exposure, No. 2052
5. A Decision Makers' Guide to Reducing Smoking at the Worksite, No, 2061
6. Quit Smoking, The Lives You Save.. Could Be Theirs, No. 21719
7. Smart Move: A Stop Smoking Guide, No. 2515
8. The Smoke Around You: The Risks of Involuntary Smoking, No. 2060
9. Why Start a Life Under a Cloud?, (on smoking and pregnancy) No. 2717

2. American Lung Association
(see Appendix B, pg. 57 for local listings)

1. Calling It Quits, No. 51050A
2. Facts About Second-Hand Smoke
3. How Not to Love Your Kids
4. On the Air: A Guide to Creating a Smoke-Free Workplace

3. Additional Publications

1. How To Stop Smoking, 1990 booklet No. 12419, Channing L. Bete. Co. (800) 628-7733
2. Reducing the Health Consequences of Smoking: 25 Years of Progress, 1989 Surgeon General's Report. (Other Surgeon General's Reports are also very informative.) DHHS Publication No. (CDC)89-8411: available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402
3. Smoking: A Habit That Should Be Broken, Public Affairs Pamphlets, 381 Park Avenue, South, New York, N.Y. 10016
4. What Everyone Should Know About Smoking in the Workplace, 1990 Booklet No. 15834; Channing L. Bete Co. (800)628-7733
5. Women Smokers Can Quit: A Different Approach, Women's Healthcare Press (800)543-3854

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Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

APPENDIX B

Local Listings

2025433599

Source: https://www.industrydocuments.ucsf.edu/docs/jrbl0000

American Lung Association

East & Northwest Branches
ALA of Alabama
P.O. Box 55209
Birmingham, AL 35255
(205)933-8821

Central Branch
ALA of Alabama
770 S. McDonough Street
Suite 202
Montgomery, AL 36104
(205)265-2765

North Branch
ALA of Alabama
250 Governors Drive SE
Suite M
Huntsville, AL 35801
(205)539-7909

Southeast Branch
ALA of Alabama
P.O. Box 976
Dothan, AL 36302
(205)794-4925

Southwest Branch
ALA of Alabama
P.O. Box 160863
Mobile, AL 36616
(205)342-1500

ALA of North Central Alabama
P.O. Box 55209
Birmingham, AL 35256
(205)933-8821

American Cancer Society

1-800-ACS-2345

Alabama Division Inc.
504 Brookwood Blvd.
Homewood, AL 35209
(205)879-2242

American Heart Association

East Central Region
401 Noble Street
P.O. Box 1022
Anniston, AL 36202
236-2111

Gulf Region
812 Downtowner Blvd.
Suite G
Mobile, AL 36609
343-5982

Metro Region
1449 Medical Park Drive
P.O. Box 130909
Birmingham, AL 35213
592-8363

Northeast Region
915-E Franklin Street
Huntsville, AL 35801
535-6241

Northwest Region
Valley Federal Bldg.
Room 305
Sheffield, AL 35660
381-4042

Southeast Region
904 West Main St. Unit 2
P.O. Box 6267
Dothan, AL 36301
794-4570

South Central Region
748 Adams Ave.
Montgomery, AL 36104
832-4400

Southwest Region
1003-A Broad Street
Selma, AL 36701
874-9472

West Central Region
1101 Greensboro Ave.
Suite #302
Tuscaloosa, AL 35403

2025433590

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American Lung Association

ALA of Florida
P.O. Box 8127
Jacksonville, FL 32239-0127
(904)743-2933

ALAF Governmental Affairs Office
P.O. Box 1713
Tallahasse, FL 32302
(904)224-6789

Big Bend Region
ALA of Florida
P.O. Box 4082
Tallahasse, FL 32315-4082
(904)386-2065 or 385-4713

Northeast Region
ALA of Florida
P.O. Box 4082
Jacksonville, FL 32239-0127
(904)743-2933

Northwest Region
ALA of Florida
P.O. Box 30470
Pensacola, FL 32503-1470
(904)478-5864

Spaceport Region
ALA of Florida
P.O. Box 549
Daytona Beach, FL 32215-3007
(904)255-6447 or 6448

ALA of Broward-Glades-Hendry
2020 S. Andrews Avenue
Fort Lauderdale, FL 33316-3430
(305) 524-4657

ALA of Central Florida
P.O. Box 568504
Orlando, FL 32856-8504
(407)898-3401 or 3402

ALA of Dade-Monroe
830 Brickell Plaza
Miami, FL 33707-1598
(813)377-1771

Gulf Coast Lung Association
An ALA Affiliate
6160 Central Avenue
St. Petersburg, FL 33707
(813)347-6133

ALA of Southeast Florida
2701 N. Australian Avenue
West Palm Beach, FL 33407
(407)659-7644

ALA of Southwest Florida
1436 Royal Palm Square Blvd
Fort Meyers, FL 33919-1049
(813)275-7577

ALA of Lakeland
1234 East Lime Street
Suite C.
Lakeland, FL 33801
(813)682-5864

ALA of Sarasota
2201 Cantu Court
Suite 200
Sarasota, FL 34232
(813)377-5864

American Cancer Society

1-800-ACS-2345

Florida Division Inc.
1001 South MacDill Avenue
Tampa, FL 33629
(813)253-0541

National Heart, Lung and Blood Institute

Jennie Hefelfinger
Florida Dept. of Health and
Rehabilitative Services
1317 Winewood Blvd.
Tallahasse, FL 32399-0700
(904)488-9939

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American Lung Association

ALA of Georgia
2452 Spring Road
Smyrna, GA 30080
(404)434-5864

Central Branch
ALA of Georgia
2788 Riverside Drive
Macon, GA 31204
(912)745-1125

East Central Branch
ALA of Georgia
3630 J Dewey Gray Circle
Suite A.
Augusta, GA 30909-1867
(404)855-6546

Northeast Branch
ALA of Georgia
P.O. Box 2672
Athens, GA 30603
(404)353-7815

Northwest Branch
ALA of Georgia
P.O. Box 2672
Dalton, GA 30722-2672
(404)226-4369

Perimeter Region
ALA of Georgia
2452 Spring Road
Smyrna, GA 30080
(404)434-8225 or 8273

Southeast Branch
ALA of Georgia
6555 Abercorn Streeet
Suite 217
Savannah, GA 31405
(912)352-1173

Southwest Branch
ALA of Georgia
P.O. Box 70174
Albany, GA 31707-0003
(912)435-3626

West Central Branch
ALA of Georgia
4570 Reese Rd. Ste. B
Columbus, GA 31907-1177
(404)569-1098

ALA of Atlanta
723 Piedmont Avenue, NE
Atlanta, GA 30365-0701
(404)872-9653

American Cancer Society

1-800-ACS-2345

Georgia Division Inc.
46 Fifth Street, NE
Atlanta, GA 30308
(404)892-0026

National Heart, Lung and Blood Institute

Carol Steiner
Georgia Dept. Of Human Resources
878 Peachtree Street, NE
Room 102A
Atlanta, GA 30309
(404)894-5125

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American Lung Association

ALA of Kentucky
P.O. Box 9067
Louisville, KY 40209-0067
(502)363-2562

Bluegrass Region
ALA of Kentucky
P.O. Box 23872
Lexington, KY 49523-3872
(606)233-3410

American Cancer Society

1-800-ACS-2345

Kentucky Division Inc.
701 West Muhammad Ali Blvd.
P.O. Box 1807
Louisville, KY 40201-1807
(502)584-6782

National Heart, Lung and Blood Institute

Theresa Glore, M.S.
Department of Health and Services
Cabinet of Human Resources
275 E. Main Street
Frankfort, KY 40621
(502)564-7112

American Heart Association

AMA Affiliate
333 Guthrie Street
Suite 207
Louisville, KY 40202

Lexington Region
2365 Harrodsburg Road
Suite A-250
Lexington, KY 40504-3356

Northeast Region
1544 Winchester Ave.
Suite 805
Ashland, KY 41101

Northern Region
8100 Burlington Pike
Suite 304
Florence, KY 41042-1290

Northwest Region
920 Fredricka Street
Suite 308
Owensboro, KY 42301-5078

South Central Region
1106 Lovers Lane
Suite A1
Bowling Green, KY 42103

Southeast Region
Regional State Office Bldg.
85 State Police Road
London, KY 40741-9003

West Region
3709 Clarks River Road
Suite C
Paducha, KY 42003-0514

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American Lung Association

ALA of North Carolina
P.O. Box 27985
Raleigh, NC 27611-7985
(919)832-8326

Cape Fear Region
ALA of North Carolina
P.O. Box 3577
Wilmington, NC 28406-3577
(919)395-5864

Catawba Valley Region
ALA of North Carolina
P.O. Box 130
Conover, NC 28613-0130
(704)324-2908

Eastern Region
ALA of North Carolina
5315 Greenbrook Drive
Charlotte, NC 28205-6521
(704)537-5776

Mid-State Region
ALA of North Carolina
P.O. Box 726
Southern Pines, NC 28387-0726
(919)629-3981

Northwestern Region
ALA of North Carolina
112 Fayette Street
Winston-Salem, NC 27101-3627
(919)723-3395

Piedmont Region
ALA of North Carolina
430 West Friendly Avenue #301
Greensboro, NC 27401-2233
(919)272-4234

Research Triangle Region
ALA of North Carolina
P.O. Box 10394
Raleigh, NC 27605-0394
(919)834-8235

Tar River Region
ALA of North Carolina
P.O. Box 792
Rocky Mount, NC 27803-0792
(919)446-8011

Western Region
ALA of North Carolina
P.O. Box 2702
Asheville, NC 28802-2702
(704)252-2071

American Cancer Society

1-800-ACS-2345

North Carolina Division Inc
11 South Boylan Avenue
Suite 221
Raleigh, NC 27603
(919)834-8463

National Heart, Lung and Blood Institute

Kathie Patterson, R.N. MPH
Division of Adult Health
North Carolina Dept. of
Environmental Health
P.O. Box 27687
1330 St. Mary Street
Raleigh, NC 27611-7687
(919)733-7081

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American Lung Association

ALA of South Carolina
1817 Gadsen Street
Columbia, SC 29201
(803)779-5864

Broad River Branch
ALA Of South Carolina
Hillcrest Mall-Rear
304 Hillcrest Offices
Spartanburg, SC 29302
(803)583-7585

Coastal Branch
ALA of South Carolina
1941 Savage Road
Suite 200-A
Charleston, SC 29407-4789
(803)556-8451

Edisto Branch
ALA of South Carolina
P.O. Box 694
Orangeburg, SC 29115
(803)534-1336

Midlands Branch
ALA of South Carolina
1817 Gadsden Street
Columbia, SC 29201
(803)779-0540

Pee Dee Branch
ALA of South Carolina
P.O. Box 488
Florence, SC 29501
(803)669-8313

Piedmont Branch
ALA of South Carolina
20 North Irvine Street
Greenville, SC 29601-2844
(803)233-0517

Saluda River Branch
ALA of South Carolina
P.O. Box 805
Greenwood, SC 29648
(803)229-5864

Wateree Branch
ALA of South Carolina
Executive Building
Suite 202
410 W. Liberty Street
Sumter, SC 29150-4865
(803)775-3565

American Cancer Society

1-800-ACS-2345

South Carolina Division Inc
128 Stonemark Lane
Columbia, SC 29210
(919)834-8463

National Heart, Lung and Blood Institute

Earl Turner, M.A.
South Carolina Dept. of
Health and Environmental
Control
2600 Bull Street
Columbia, SC 29201
(803)737-4120

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American Lung Association

ALA of Tennessee
P.O. Box 399
Nashville, TN 37202-0399
(615)329-1151

Mideast Region
ALA of Tennessee
Northshore Bldg
109 Northshore Drive
Suite 301
Knoxville, TN 37919-4924
(615)588-0674

Middle Tennessee Region
ALA of Tennessee
P.O. Box 399
Nashville, TN 37202-0399
(615)329-2674

Southeast Region
ALA of Tennessee
The James Building
Suite 1003
735 Broad Street
Chattanooga, TN 37402-1804
(615)756-5113

Upper East Region
ALA of Tennessee
P.O. Box 934
Bristol, TN 37621
(703)669-1132

West Tennessee Region
ALA of Tennessee
1835 Union Avenue
Suite 236
Memphis, TN 38104-3943
(901)276-1731

American Cancer Society

1-800-ACS-2345

Tennessee Division Inc.
1315 Eighth Avenue, South
Nashville, TN 37203
(615)255-1227

National Heart, Lung and Blood Institute

Connie Pearson R.N., M.N.
Tennessee Dept. of Health
and Environment
Cordell Hull Building
Room 546
Nashville, TN 37247-5201
(615)741-7366

American Heart Association

Cumberland Region
519 East Fourth Street
Chattanooga, TN 37403
(615)267-5508

East Tennessee Region
5908 Toole Drive
Suite D
Knoxville, TN 37919
(615)588-7646

East Field Office
First American Center
208 Sunset Drive
Suite 356
Johnson City, TN 37604
(615)282-5388

Middle Tennessee Region
209 23rd Avenue North
Nashville, TN 37203
(615)327-2049

West Tennessee Region
11 South Orleans
Memphis, TN 38103
(901)526-4616

West Field Office
18 Stonecreek Circle
Suite 101
Jackson, TN 38305
(901)664-9642

Tennessee Affiliate Office
1200 Division Street
Nashville, TN 37203

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American Lung Association

Richmond Region
ALA of Virginia
P.O. Box 7065
Richmond, VA 23221-0065
(804)355-3295

Blue Ridge Region
ALA of Virginia
1924 Arlington Blvd.
Room 112
Charlottesville, VA 22903
(804)295-9343

Central Region
ALA of Virginia
Allied Arts Building
8th & Church Streets
Rooms 1307-8
Lynchburg, VA 24504
(804)846-1829

Northern Region
ALA of Virginia
117 W, Boscawen St. Ste.4
Winchester. VA 22601
(703)722-3109

Penninsula Region
ALA of Virginia
732 Thimble Shoals Blvd.
Bldg. E. #305-B
Newport News, VA 23606
(804)837-8883 or 886-5864

Roanoke Region
ALA of Virginia
Plaza 117 #7A
6318 Peters Creek Rd. N.W.
Roanoke, VA 24019-4024
(703)362-5864

Shenandoah Region
ALA of Virginia
39 S. Gate Court
Suite 102
Harrisonburg, VA 22801
(703)434-5864

Southeastern Region
ALA of Virginia
5349 East Princess Anne Rd.
Norfolk, VA 23502
(804)855-3059

Southern Region
ALA of Virginia
P.O. Box 394
Suffolk, VA 23434-0394
(804)934-2129

Southside Region
ALA of Virginia
P.O. Box 7065
Richmond, VA 23221-0065
(804)355-3295

Southwest Region
ALA of Virginia
P.O. Box 1249
Abingdon, VA 24210
(703)628-1277

ALA of Northern Virginia
9735 Main Street
Fairfax, VA 22031-3798
(703)591-4131

American Cancer Society

1-800-ACS-2345

Virginia Division Inc.
4240 Park Place Court
Glen Allen, VA 23060
(804)270-0142

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